



CERTIFICATE OF FACSIMILE/MAILING PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this Office Action Response, pursuant to 37 C.F.R. § 1.8, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22323-1450, on:

Date: May 23, 2005

By: Suzie G. Mascari
Signature of Person Depositing as First Class Mail

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):	Michael N. Kozicki, et al.	Docket No.:	29089.5200
Serial No.:	10/796,808	Group Art Unit:	2823
Filing Date:	March 8, 2004	Examiner:	Kebede, Brook
Title:	PROGRAMMABLE STRUCTURE INCLUDING AN OXIDE ELECTROLYTE AND METHOD OF FORMING SAME		
	Confirmation No.:	2075	

PETITION TO ACCEPT UNINTENTIONALLY DELAYED CLAIM UNDER 35 USC 119(E) FOR BENEFIT OF PRIOR-FILED PROVISIONAL APPLICATION

Mail Stop Petition
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450
Fax: (703) 872-9306

05/25/2005 SDENB0B1 00000034 192814 10736808
02 FC:1454 1370.00 DA

Dear Sir:

In accordance with 35 USC § 119(e) and CFR § 1.78(a)(6), Applicants hereby petition for acceptance of the priority claim of the present application to Provisional U.S. Patent Application Serial No. 60/452,648, entitled **FABRICATION OF PROGRAMMABLE METALLIZATION CELL DEVICES WITH OXIDE ELECTROLYTES**, filed March 7, 2003. The entire delay between the date the priority claim was due under CFR § 1.78(a)(5)(ii) to the filing of this petition was unintentional.

Applicants hereby authorize the Commissioner to debit Deposit Account No. 19-2814 for the Petition Fee under 37 CFR §1.17(t) (\$1,330.00). **This statement does not authorize the payment of the issue fee.**

Should you have any questions, please do not hesitate to contact the undersigned at the telephone number listed below.

Adjustment date: 09/19/2005 AKELLEY
05/26/2005 AWONDAF1 00000039 192814 10796808
01 FC:1454 1370.00 CR
1675707

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9/16/05</u>		2 Serial/Patent # <u>10/796,808</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	IFW	5/25/05	\$ 1370.00							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
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<input type="checkbox"/>	Assignment			\$							
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		7 TOTAL AMOUNT OF REFUND		\$ 1370.00							
		8 TO BE REFUNDED BY:									
10 REASON:		<input type="checkbox"/>	Treasury Check								
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input checked="" type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>9</td><td>--</td><td>2</td><td>8</td><td>1</td><td>4</td> </tr> </table>			1	9	--	2	8	1	4
1	9	--	2	8	1	4					
<input type="checkbox"/> No Fee Due (Explanation):											
<i>Payment charged twice</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Nancy Johnson</u>		TITLE: <u>Sr. Petitioner</u>									
SIGNATURE: <u>Nancy Johnson</u>		PHONE: <u>571-272-3219</u>									
OFFICE: <u>Rehnold</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alicia Kelly</u>		DATE: <u>9/19/05</u>									

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